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Bib Data Sheet

CONFIRMATION NO. 9669

SERIAL NUMBER 10/526,429	FILING OR 371(c) DATE 11/02/2005 RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. 519.202US
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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/CA03/01320 08/29/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/15/2006

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CANADA	22	43	8
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

90187

TITLE

DIAGNOSIS OF SHWACHMAN-DIAMOND SYNDROME

FILING FEE RECEIVED 2120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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